

**COUNTY OF SAN DIEGO
VOLUNTEER REPORT FORM
PERIOD: JULY 1, 2005 - JUNE 30, 2006**

1. DEPARTMENT/COURT INFORMATION:

Department/Court: Mental Health Services
Division/Unit: Adult Case Management

2. VOLUNTEER PROGRAM BENEFITS:

- a. GENERAL VOLUNTEERS (this section should include community volunteer, student intern, groups, corporations, etc.)

2	No. Vol.	960	Hours	0	X	\$18.04	=	\$17,318.40
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Types of work performed by GENERAL VOLUNTEERS in this category:

Assigned 5 client of case management, provided assessments, counseling, tutoring, assisting in
client activities; provided psychoeducational groups to clients; performed written reports & documentation.

- b. INSTITUTIONAL VOLUNTEERS (this section should include court referrals, honor camp inmates, PIC/RETC, GAIN, etc.)

No. Vol.	0	Hours	0	X	\$18.04	=	\$0.00
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Types of work performed by INSTITUTIONAL VOLUNTEERS in this category:

n/a

- c. SPECIALIZED VOLUNTEERS (this section should include utilization of Special Volunteers in positions requiring specific skills and/or expertise levels, for example, an attorney, physician, sports figure or celebrity). These specialized positions have verifiable compensation levels [VCL]. If you have such a volunteer, please indicate the position, hours and compensation level below.)

<u>Position</u>	<u>Hours</u>	<u>X</u>	<u>VCL</u>	<u>=</u>	<u>Dollar Benefit</u>
					\$0.00
					\$0.00

No. Vol.	0	Total Hours	0	Total Value	\$0.00
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Types of work performed by SPECIALIZED VOLUNTEERS in this category:

n/a

d. TOTALS OF DEPARTMENT VOLUNTEERS (from above):

<u>No. of Volunteers</u>	<u>Hours</u>	<u>Dollar Benefit</u>
<u>2</u>	<u>960</u>	<u>\$17,318</u>
<u>0</u>	<u>0</u>	<u>\$0</u>
<u>0</u>	<u>0</u>	<u>\$0</u>

TOTALS:	2	Total Hours	960	Total Value	\$17,318.40
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3. DONATIONS TO VOLUNTEER PROGRAM:

Please list all donations to the department's Volunteer Program including monetary donations and tangible/intangible items. Items such as computers, air time, transportation, books, etc. Please assign a fair market value to each and add to the total value of the donations section.

Item Donated: n/a Value:

Item Donated: Value:

Item Donated: Value:

Item Donated: Value:

TOTAL VALUE = \$0.00

4. VOLUNTEER PROGRAM COSTS:

a.

Cost of direct supervision of Volunteers (total hours of direct supervision multiplied by the hourly rate of staff person[s] directly supervising program volunteers.)

Hours X Rate

\$0.00

b. Cost of program coordination (total hours of program coordination multiplied the hourly rate of coordinator[s]). This section should include coordination of staff, compiling statistics, job description preparation, volunteer placement, recognition, etc.)

60 Hours X \$25.60

\$1,536.00

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c. Other program costs (training materials/supplies, recognition costs, etc.):

Item : n/a Cost:

Item : Cost:

Item : Cost:

TOTAL OF OTHER PROGRAM COSTS =

\$0.00

d. TOTAL OF PROGRAM COST (4a+4b+4c) =

\$1,536.00

5. NET BENEFIT TO DEPARTMENT FROM VOLUNTEER PROGRAM:

a Total Dollar Benefits of Volunteers, Item 2d **\$17,318.40**

b. Total of Donations to Volunteer Program, Item 3 **\$0.00**

c. Subtract Total of program Costs, Item 4d **\$1,536.00**

TOTAL PROGRAM BENEFIT:

\$15,782.40

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6. RECRUITING:

Please describe your recruiting programs:

none

7. SPECIAL VOLUNTEER PROGRAM ACTIVITIES/ACHIEVEMENTS:

Please describe any special activities and/or achievements your program was involved in during the period of this report:

n/a

8. VOLUNTEER PROGRAM GOALS FOR FISCAL YEAR 2006-07:

Please describe your program goals. Include activities, number of volunteers, recruitment, training, recognition and other goals:

n/a

9. GENERAL INFORMATION:

Name of person completing report:

Kathleen Sherber, LCSW, Program Manager

Phone: 619-401-5401 Mail Stop: S-519 E-Mail: kleen.sherber@sdcounty.ca.gov

Volunteer Coordinator:

Phone: _____ Mail Stop: _____ E-Mail: _____

10. DEPARTMENT CERTIFICATION:

Jebrah Malone
DEPARTMENT HEAD SIGNATURE

7/18/06
DATE

[Signature] of Alfredo Aguirre 7-19-06

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